PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further cindicated unless correcte maintenance fee notificat	d below or directed otl	for transmitting the ISSIng the Patent, advance of herwise in Block 1, by (a) specifying a new corre	espondence address;	and/or (b) indicating a sepa	nould be completed where correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
	,						
Jennifer R. Seng				cer nereby certify that th	is Fee(s)	f Mailing or Transı Transmittal is being	deposited with the United
Lanxess Corpora	Sta	ates Postal Service w	vith suffic	ient postage for firs	t class mail in an envelope		
	al Property Depart	ade tra	dressed to the Mail	TO (571)	SUE FEE address 273-2885, on the da	deposited with the United t class mail in an envelope above, or being facsimile ate indicated below.	
111 RIDC Park V	West Drive			3. Edgar		(Depositor's name)	
Pittsburgh, PA 15275-1112				(hba	1 - T		(Signature)
				October	27201	0	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	ENTOR ATTORN		IEY DOCKET NO.	CONFIRMATION NO.
10/573,766 03/29/2006			Rui Resendes	Rui Resendes CH8354PS1148			3999
TITLE OF INVENTION:	SILICA-FILLED ELA	ASTOMERIC COMPOU	NDS				
	N.						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	11/05/2010
EXAMINER ART UN		ART UNIT	CLASS-SUBCLASS				
HARLAN, ROBERT D 1796			524-155000				
1. Change of corresponde	nce address or indicatio	n of "Fee Address" (37	2. For printing on the	patent front page, lis	st	M4 -1	-1 A M411
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AN	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	ype)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIG	(B) RESIDENCE: (CIT	SSIDENCE: (CITY and STATE OR COUNTRY)					
LANXESS Inc.			Sarni	Sarnia, Ontario, CA			
Please check the appropri	ate assignee category or	categories (will not be p	rinted on the patent):	Individual 🗆 Co	orporation	or other private gro	oup entity Government
4 771 6.11 : 6 ()	1 20 1		b. Payment of Fee(s): (Ple	C		male, maid issue for	have above)
					ny previo	usiy patu issue iee :	snown above)
Issue Fee	11 22 12	☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.					
	small entity discount p	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any					
☐ Advance Order - #	of Copies	overpayment, to Dep	osit Account Number	er 50 7	(enclose a	n extra copy of this form).	
5. Change in Entity State	us (from status indicate SMALL ENTITY) state		☐ b. Applicant is no lo	nger claiming SMAI	I I FNTI	γ ΓV status See 37 CI	FR 1 27(a)(2)
				-			e assignee or other party in
interest as snown by the re	cords of the (m)teg/Sta	nes raient and Trademark	Conice.			_	
Authorized Signature	1017			Date Oc	tober	27 2010	······
Typed or printed name	Michael	A. Miller		Registration N	lo	50732	
This collection of informa an application. Confident	tion is required by 37 C ality is governed by 35	CFR 1.311. The informati U.S.C. 122 and 37 CFR	on is required to obtain or 1.14. This collection is e	retain a benefit by t stimated to take 12 r	he public minutes to	which is to file (and complete, includin	by the USPTO to process) g gathering, preparing, and

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.